# INTEGRATED CASE MANAGEMENT:
# A USER'S GUIDE

*Ministry of Children and Family Development*
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# INTRODUCTION

The Ministry of Children and Family Development is committed to integrated case management as a tool to support efforts to achieve better outcomes for our clients. Integrated case management puts clients at the centre of the plan—and gives them an active voice in shaping services that will support them in directing their own lives, now and in the future.

The purpose of this user's guide is to support all partners to work together with a shared commitment to the process and to improved outcomes for clients. The guide outlines principles and practices for integrated case management and provides direction for the process of integrated case management. Appendix A provides a glossary so that all participants in integrated case management will understand the same terminology.

Integrated case management is a team approach used to create and implement a service plan for clients. In this approach, each person is an equal member of the team. The team works together to identify an integrated case manager, who may be the client or one of the service providers, and to develop, implement, review and evaluate an integrated service plan.

Integrated case management is a shared learning experience for all team members—and one in which all participants make unique and valuable contributions. By responding to the needs of clients in a comprehensive manner, there is greater potential to build on the strengths of everyone involved, and to prevent the escalation of individual and family difficulties.

This guide, like the integrated case management process it describes, is a "work in progress." If you have any suggestions on how this it could support you better, please contact your local Ministry of Children and Family Development office and share your ideas.

# A. PRINCIPLES

The following principles are essential for the success of integrated case management:

***Client-centred Service*** – The Ministry of Children and Family Development is committed to putting clients at the centre of all service planning and practice. That means supporting clients to identify and achieve their own goals, and direct their own lives to the greatest extent possible. This approach challenges all integrated case management team members to adapt services to fit client needs, rather than to expect clients to adapt to administrative or service structures.

***Building on Strengths*** -- Far too frequently, in our efforts to improve the circumstances of our clients, we focus immediately on their problems and work to develop solutions. While well intended, this approach fails at the outset to identify the strengths and successes of the clients, which may often be the foundations for far more lasting changes in their lives. In addition, a positive approach makes it far easier for clients to stay committed and the team to be collaborative.

***Advocacy*** – Integrated case management provides clients with the opportunity to participate in decisions that affect their lives. They may find it difficult, however, to attend meetings on their own and to speak for themselves. In these circumstances, clients should be encouraged to bring a friend, advocate or support person with them.

***Recognizing Diversity*** – Our clients have diverse needs, backgrounds and abilities. The integrated case management team needs to respect and respond to the social, cultural and economic factors that shape clients' perceptions, experiences and need for service.

***Collaboration*** – Integrated case management brings together the varied disciplines, talents, perspectives, knowledge and experience of a broad range of people, including clients, and encourages them to share their individual skills, knowledge and expertise with each other. This process not only supports the best possible outcomes for clients, but it also offers opportunities for increased growth and understanding for all team members.

***Mutual Respect*** – It is essential that team members show their respect for clients. Likewise, they must show respect for one another's knowledge, skills, experience and perspective, regardless of age, level of training, position, job classification, particular discipline, or the ministry or agency represented.

***Participation*** – Team members need to participate fully in the activities of the team. At the outset, full participation may involve a significant investment of time as team members become familiar with one another and the process. As time goes on, however, they will find that this initial investment is likely both to save time for all team members and to improve outcomes for clients.

***Accountability*** – The Ministry of Children and Family Development is committed to creating a system that is accountable to the people who use it. Clients must be informed to the greatest extent possible of all activities that might affect them, and integrated case management activities must be recorded. The review of this documentation will allow us to enhance our practice and to better understand what approaches work best with which clients.

***A Holistic Approach*** – Integrated case management should provide for a complete understanding of the various aspects of clients' circumstances and needs, including family considerations, and the development of a case plan broad enough to meet those needs.

***Continuity*** – Clients need continuity in the services they receive—not only in how the services relate to each other, but also in how the services develop over time. To ensure continuity, during clients' involvement with the ministry, every effort should be made to ensure that at least one member of the integrated case management team be constant from the beginning to the end of the process.

***Planning for Transitions*** – Integrated case management teams should take special care to anticipate and plan for transitions in the lives of clients—for example, changing schools or foster homes, moving from childhood to adolescence, and changes in family structure.

***Least Intrusive and Intensive Intervention*** – Integrated case management complements the ministry's promotion, prevention and early supports strategy, which is aimed at providing appropriate interventions and support to children, youth and families before difficulties develop into crises. While it is clear that appropriate supports are necessary when clients encounter difficulties, it is important to minimize the number, intensity, duration and restrictiveness of the interventions in order to acknowledge and build on the strength and independence of the families.

### *Sidebar Quotes:*

*"As a parent, I see everyone is doing their job. These meetings pull together all the people in J's life and I can see that they are working together." - Client*

*"The meetings are open and honest and we decide on things by consensus and then what's decided at the meeting gets followed through on between meetings." - Service provider*

*"I was asked whom I wanted to bring to the conference so I took my lawyer, my worker from the mental health clubhouse and an affidavit from my psychiatrist. I felt supported. It was very intimidating at first. I was scared. We sat around a large table and other people were making decisions about my life. But it wasn't that bad; it was informal and everyone got to say what they thought. I was able to say what I wanted and needed." - Client*

*"I think ICM is like a mentoring process – I have learned so much by being part of it and solving problems and recognizing our strengths." - Client*

*"Hearing different perspectives and philosophies – It's nice to check-in with others and get a different perspective. It's supportive and educational." - Service provider*

## THE TEAM

This section describes the roles and responsibilities of members of an integrated case management team. As a team, all members need to work together to:

- organize meetings,
- identify team member roles,
- develop a case plan,
- review the plan regularly,
- maintain contact between the team and external referrals, such as a residential placement,
- determine a process for conflict resolution or mediation when necessary,
- compile, distribute and maintain meeting records,
- close or transfer the case and
- evaluate their work.

In carrying on team activities, it is important for all members to focus on the shared goals and outcomes of the integrated case management process. While team members' individual knowledge, skills and expertise will contribute to realizing those goals and outcomes, the focus is on creating relationships and processes in which all team members—particularly clients—can make important contributions over time.

### *Clients*

Clients are the most important members of an integrated case management team. While other team members may be the experts about programs and services, the clients are the experts about themselves. They are the people who have the day-to-day experience of how the case plan is working. They are also the people who will know whether the coordination is effective or not. Their feedback and suggestions are essential to the successful functioning of an integrated case management team.

Whenever possible, clients should be part of the team, though there are some circumstances when this would not be appropriate. Some reasons why the clients would not be team members are as follows:

- the client may not wish to be part of the team;
- the client may be dealing with numerous stresses and this would add to the burden;
- there may be more than one client, with diverse interests, or with very strained relationships so that it would be difficult to develop a case plan;
- if one or more of the clients are children or youth, their age and developmental capacity.

When clients are part of the team, they may be supported to become the integrated case manager. If the team sees the role of the integrated case manager as administrative, it

does not require professional expertise or training and may be quite suitable for a parent or older youth. At the beginning, clients may find many of the integrated case manager's duties overwhelming. If this happens, clients can share the role with one of the other team members, taking on more responsibilities as they feel comfortable in doing so. For a more detailed discussion about including clients in the case management process, please see the section on Client Involvement.

### *Service Providers*

A variety of service providers may be represented on integrated case management teams (see Appendix B for a description of potential members and their likely contributions). All service providers on the team should have a general knowledge of child and youth development and family functioning (and of where to acquire information if such knowledge is lacking), as well as specialized knowledge of their own area of expertise.

Many members of the team will be employees of the Ministry of Children and Family Development. Frequently, however, staff from other ministries and staff from contracted agencies (e.g., community agencies, school districts, health authorities) will be involved as well. In addition to their own skills and knowledge, these team members can contribute knowledge of, and access to, the policies and programs of their respective ministries or agencies.

Ministries that may be involved include:

- **Ministry of Attorney General** – probation services (adults), diversion, child custody, family mediation, court preparation, family maintenance enforcement program, services of the Public Trustee.
- **Ministry of Advanced Education, Skills and Training** – vocational counseling; individualized educational programs and services.
- **Ministry of Education** – vocational and academic counseling, educational testing, individualized education programs and services.
- **Ministry of Health** – mental health services (adults), forensic services (adults), hospitalization, medication, residential services for adults and older adolescents with chronic mental illnesses.
- **Ministry of Social Development and Economic Security** – childcare subsidies to assist parents to work or study, income support and other benefits for parents and their children.

Community agencies provide a range of valuable services to clients, including specialized professional services (for example, a family services agency or a hospital) and more general, non-professional services (for example, Big Brothers). Depending on the nature of the services they provide, community representatives may contribute professional knowledge and skills as well as a good understanding of community needs and resources.

Some service providers may be in private practice—as is often the case with psychologists and psychiatrists. In these circumstances, billing systems may not allow private practitioners to bill for time spent in integrated case management activities. Despite this challenge, every effort should be made to include private practitioners in the integrated case management team. Some strategies that may assist are:

- Plan the meetings at times that are convenient to the private practitioner.
- Plan the agenda so that the private practitioner does not have to attend the entire meeting.
- Use teleconferencing.
- Ensure that the private practitioner understands the benefits both in terms of client outcomes and reduced case loads or work demands.

### *Sidebar Quotes:*

*I used to go to meetings and everybody pointed at me (child protection worker) and said, "Fix it!" Now I go to ICM meetings and we are all there together to work out a plan. It is really a relief!" – Service provider*

*"ICM is positive in that responsibility becomes shared. Typically, the social worker has always been seen as the case manager, and carries most of the responsibility. With ICM, all professionals and the parent have to become more accountable in following through with their part of the service delivery plan." – Service provider*

*"The disciplines talk a different language (e.g., school versus mental health versus probation's understanding of "at risk") and the conferences are a way to facilitate a better understanding of each other's work." - Service provider*

*"I'm an equal member of the team. No one wears any special hats here." - Client*

## THE MEETINGS

This section describes what happens in integrated case management, from planning for the first team meeting through to final evaluation.

### *Getting Started*

When multiple service providers are involved with the same client and the needs are complex and potentially long-term, they, along with the client(s), should form a team, identify an integrated case manager, and develop a single integrated service plan. No particular service sector or profession is responsible for beginning the process of integrated case management. The service provider who first becomes aware of a client's involvement, or need for involvement, with multiple service providers should assume this responsibility.

Launching the process of integrated case management may occur in a face-to-face meeting or, if this is not possible, by telephone. In deciding whether face-to-face meetings are essential, service providers need to consider clients' vulnerabilities and the risk factors in that family's environment. The more difficult, complex and potentially longstanding the circumstances, the more important it is that services are planned in a face-to-face process.

There are some areas that need to be considered in the initial stages of integrated case management, particularly for service providers that are new to the process or for teams in which several members have not worked together before. Some of the factors that need to be considered are:

- What other service providers do the clients have contact with?
- Who do the clients want to be at the first meeting?
- What other service providers need to be involved?
- What will be the level of client involvement?
- What will the clients require to be comfortable participating?
- Who will invite the clients and explain the process to them?
- How much is likely to be accomplished at a first meeting?
- Is an agenda necessary? Who will develop it?

### *TEXT BOXES/SIDEBARS:*

***At this stage, ask yourself:***

- *Has every effort been made to promote the direct involvement of the clients?*
- *Have you encouraged the clients to bring a friend, advocate or support person to face-to-face meetings and case conferences?*

- *Have you considered barriers (e.g., transportation, childcare, linguistic and cultural factors, accessibility issues relating to disability) to the clients' participation? What resources and strategies exist to address those barriers?*
- *Is everyone who needs to be part of the team at the table? For example, if one of the clients is a child, have you included his/her school teacher or school counselor on the team?*

## *Sidebar Quotes:*

*"My social worker arranges the meetings around my schedule – which I appreciate – and I attend them. I'm the primary caregiver." - Client*

*They held the case conference at YDC so that my son could attend. Without that he could not have been there." - Client*

*"In another city, they did it mostly by conference call and I always felt like the 'number in the corner.' I was never part of it like I am here. I really am a participant and if I don't understand, they explain." - Client*

### *Identifying an Integrated Case Manager*

Depending on the needs and skills of the clients and other team members, the integrated case manager's role may be primarily:

- **administrative**, in which case one or more of the family, an advocate, or any one of the other team members may assume full or partial responsibility for this role; or
- **supportive**, in which case the team member with the greatest involvement or strongest connection with clients should assume the role.

The duties of an administrative integrated case manager would include chairing meetings and coordinating the overall administrative responsibilities of the team. The integrated case manager is free to delegate any of these duties, but he or she is the person the team counts on to make sure the administrative tasks get done. The integrated case manager could be a caregiver, an older youth, an advocate, or one of the service providers involved with the case.

The duties of a supportive integrated case manager would include the administrative responsibilities as well as:

- staying in contact with the clients between team meetings,
- reviewing the progress of the case plan from the clients' perspective,
- serving as primary support to the clients in accessing services and
- maintaining connections with other team members as the case plan is implemented.

This integrated case manager would, in most cases, be a service provider, and likely one who has the most frequent contact and the closest relationship with the clients. In either case, it is essential that the integrated case manager share decision-making equally with all other team members: the role does not confer authority on the individual who holds it.

At all stages of integrated case management, team members retain the responsibility for managing their own specific involvement with the clients, including the responsibility for decision-making related to their statutory authority. This point is particularly important to keep in mind when child protection or guardianship workers or youth probation officers, whose involvement is partially directed by specific legislation, are part of the team.

In selecting an integrated case manager, team members should consider an individual's:

- understanding of the role,
- commitment to fulfilling it,
- ability to support a collaborative approach,
- ability to keep the group focused,
- ability to maintain contact with those involved in the case,

- ability to remain as integrated case manager for the duration of the team's activity and,
- when not a client, ability to support the youth and the families' involvement and decisions.

Often, a team member will volunteer to be the integrated case manager. If this does not happen, team members will need to agree on an individual to fill this role. It is important that the integrated case manager fulfil the role responsibly—it is also important that other team members cooperate to make the task an easier one.

## TEXT BOXES/SIDEBARS:

***At this stage, ask yourself:***

- *Do all team members understand the role of the integrated case manager, and the team's responsibility to support the integrated case manager?*
- *Will an administrative or supportive integrated case manager work best for these clients in particular, and the team as a whole?*
- *What are the factors in a client's life that might affect his or her capacity to act as integrated case manager (see* ***the section, "Client Involvement****")?*
- *What steps can be taken to support a client to become the integrated case manager? For example, can some of the responsibilities be shared with team members or an advocate of the client's choosing?*

## *Sidebar Quotes:*

*"Accountability comes into it more now too. Accountability to the group; everybody has to come back together and report on their piece of it which helps. And now there's one key person to check in with rather than someone else checking in with that person and someone else checking in with someone else" - Service provider*

*"What's been supportive for me is my manager's style as Chair. She's very focussed and clear. It makes a big difference when someone comes in with facilitation skills. Our model really requires someone with good facilitation skills." - Service provider*

*"When the elements of ICM are in place (i.e., good communication; clear understand of roles; common goals; trust), my workload decreases." - Service provider*

### *Documenting the Process*

It is important to document the process of integrated case management, and to use a consistent format to do so. The use of a consistent format will assist teams to

- remember to focus on strengths,
- consider all aspects of a child or youth's life,
- build a consistent plan of care,
- transfer plans from one community or region to another,
- reduce duplication in the development of plans of care created for other purposes (e.g., guardianship and children in care),
- evaluate integrated case management.

The format that has been selected uses the following areas of consideration:

- Placement
- Health
- Education
- Identity
- Family and Social Relationships
- Social Presentation
- Emotional and Behavioural Development
- Self Care Skills

These areas are consistent with the categories used in Looking After Children, Comprehensive Assessments and Comprehensive Plans of Care, all a part of an assessment and planning approach being used for children and youth in the of the ministry. They have been chosen to make it relatively easy for a Comprehensive Plan of Care and an Integrated Case Management Care Plan to be interchangeable. **(**For a description of what information should or might be included in these areas of focus, please see Appendix C.)

For each area of consideration, the integrated case management team will use a planning process to develop and document a plan of care. The planning process requires the team to

- collect information about strengths and weaknesses,
- establish priorities
- identify desired outcomes or goals,
- develop actions or strategies,
- assign responsibilities and timelines,
- regularly review and adapt the plan, and
- evaluate the plan.

The chart that follows illustrates the areas that must be documented. Communities may wish to develop their own formats for documenting this information, but all of the elements that are starred (*) are essential and must be included. Note that not every area of focus is required to have goals or actions. While each of the areas of focus should be considered, not every area needs attention. (Appendix D contains a suggested format, which may be adapted, if communities choose, to suit their particular circumstances.)

| FOCUS | STRENGTHS* | CONCERNS* | GOALS/ OUTCOMES* | STRATEGIES/ ACTIONS/ SERVICES* | RESPONSI-BILITY AND TIMELINE* |
|---|---|---|---|---|---|
| **Placement** | | | | | |
| **Health** | * | * | | | |
| **Education** | * | * | | | |
| **Identity** | * | * | | | |
| **Family and Social Relationships** | * | * | | | |
| **Social Presentation** | * | * | | | |
| **Emotional and Behavioural Development** | * | * | | | |
| **Self Care Skills** | * | * | | | |

### *Gathering Information*

Having selected an integrated case manager, the team will need to work together to gather and pool information about the clients' strengths and concerns. The purpose of this activity is to build a complete picture of the clients' situation at the beginning of the integrated case management process and to provide a foundation for the development of a case plan. Most team members will be familiar with this assessment process.

In each of the eight areas, team members should collect information about both the strengths (sometimes called protective factors) and the concerns (sometimes called risk factors). This part of the process is important because often we seem to end up focusing on clients' problems, when in fact it is more effective to focus on their strengths and to assist them to build resilience. Resilience has been defined as the ability to recover from or adjust easily to misfortune, challenge or change.

According to the nature of their involvement with the clients, different team members will be familiar with different aspects of that person's life. In many areas, of course, the clients themselves will be in the best position to provide information. In collecting the information, it is helpful to include the name and telephone number of the person with the most knowledge in each area of focus. That person can then be contacted in the future if more information is needed.

This information-gathering meeting will be most efficient if, before coming, all team members give careful thought to these areas of focus. In this way, the meeting can provide a fairly complete picture of the clients' current situation. If more information is needed to develop a comprehensive service plan, team members can identify those assessment needs and resources to provide them.

## TEXT BOXES/SIDEBARS:

***At this stage, ask yourself:***

- *Have team members been informed in advance of the meeting, so they have time to think about the areas of focus, and what they know in each area?*
- *Are the clients aware of, and comfortable with, the information to be gathered? Do the clients understand the purpose of the information gathering and their ability to contribute to the process?*

***Sidebar Quotes:***

*"It is an empowering experience for me because I have knowledge the others need because I spend so much time with the clients." - Service provider*

*"Everybody gets to speak and figure out the best way to go. Everybody contributes. The first time I went I had no idea what to expect. And the second time, there were a few times that I could comment on things T. had been doing and they put that into the decision on how things could go. It was part of the information they needed to make a decision." - Client*

### *Developing an Integrated Service Plan*

Once the team has gathered sufficient information regarding the clients' current situation, members can work together to build an integrated service plan.

The next step is for the team to identify priorities among the eight areas. In most complex cases, there are many areas that could be addressed, but to try to do all at once would be unrealistic and discouraging. It is essential at this stage of the process to plan for success. Some suggestions that will contribute to the successful selection of priorities are as follows:

- encourage the clients to identify their priorities,
- choose areas as priorities that are less complex rather than more complex,
- choose areas where there is likely to be general agreement about the desired outcomes or goals,
- choose areas where an immediate impact is likely to be felt, and
- choose areas that will support the immediate health and safety of the young person.

The next step is to describe desired outcomes or goals for each of the selected priority areas of focus. Outcomes should reflect the wishes and priorities of the clients, and the perspectives of other team members. The outcomes should describe a desirable and measurable future condition relating to the clients' health or well being. Once the team has established measurable outcomes, they can begin to identify specific strategies or activities for each of the priorities, and identify the people who will be responsible, as well as timelines.

It is important that the service plan incorporate any individual case planning that has already happened between the clients and service providers. In the simplest case, team members will already have worked with clients to develop outcomes and services. The integrated case management activities will simply ensure that all members are aware of one another's planning and provide opportunities to improve the coordination of services.

Service plans will be most effective if they are developed following the principles of integrated case management (see pages 2-3), and when outcomes and associated activities are:

- concrete and measurable,
- clearly related to the strengths and concerns already identified, and
- focused on the best interests of the clients.

## TEXT BOXES/SIDEBARS:

***At this stage, ask yourself:***

- *Are all team members—particularly the clients—well informed about the purpose of the service plan and the range of available services in the community?*
- *Do the clients understand the terminology of the service plan?*
- *How does the service plan address the wishes and priorities of the clients?*
- *Does the service plan build on the clients' strengths, as well as addressing areas of concern?*
- *Has the service plan (once complete) been shared with all team members?*
- *What barriers exist to the implementation of the plan? How can the team address these barriers?*

***Sidebar Quotes:***

*"The purpose was to figure out what was going to happen and to make a plan. My social worker came into it intending to go for a permanent order but changed her mind as she heard other people talk about me. Things are going a lot better now. I know what I have to do and what to expect, and we have a gradual plan to get my son home. I'm in contact with the group home and his teachers, and we're all working together." - Client*

*"It was really important that my son was there so he knew what the plans were. He got so he could say, 'I want to do it this way' or 'that won't work for me' and he was listened to." - Client*

*"We were able to designate who was able to do what. And who was responsible for what, so there's no duplication of services. Everybody knows what everybody else is doing." - Service provider*

### *Staying Connected: Reviewing the Plan*

When team members have completed an integrated service plan, they will need to set a date to review the plan and agree on how often meetings may be required. While the thought of ongoing meetings may seem demanding in the context of heavy workloads, during stable periods meetings may be required as infrequently as once or twice a year. If circumstances are unstable, team members would need to communicate with each other, and the team meeting can be the most efficient and effective way of supporting the clients.

In deciding how often the team should meet, team members should consider:

- Wishes of the clients – The clients may have the best sense of "how things are going."
- Stage of planning – In the early phases of implementing a plan, more frequent meetings can help ensure the plan is working. In later stages, fewer meetings may be required.
- Life circumstances – Stressful circumstances in the lives of clients may render them more vulnerable: team meetings can help provide the necessary support.
- Setbacks – When people are working to achieve improved outcomes in their lives, progress is often inconsistent, and setbacks can be expected. Team meetings can assist everyone to see the setbacks not as failures but as part of a natural learning and growth process.
- Milestones – The beginning of school, summer vacation, Christmas, growth stages, and other milestones can also be vulnerable times and should be considered in the timing of meetings.
- Requirements of standards – For instance, when the client is a child in care, standards require review at least every six months.
- Changes in the team – New team members may need more frequent meetings to become familiar with the needs of the clients, as well as with the planning process.

Integrated case management requires all team members to stay connected on a regular basis to review the progress of a plan – and, unfortunately, it is this ongoing contact that is the easiest to "let slip." Regular team meetings:

- help keep all team members informed,
- provide opportunities to measure progress,
- review issues of confidentiality,
- allow team members to change the plan when it is not working,
- allow team members to change the plan to respond to new circumstances and
- help prevent crises in the lives of the clients.

TEXT BOXES/SIDEBARS:

*At this stage, ask yourself:*

- *Does the plan reflect the current situation of the clients?*
- *Does the team take time to celebrate and document the successes of the clients (and the plan), as well as address areas of continuing concern?*
- *Do the clients understand the process that will be used to monitor and evaluate the plan over time?*
- *Are the clients actively involved in developing, monitoring and evaluating the plan?*
- *Have updated plans been shared with all team members?*
- *Have you reviewed the role of the integrated case manager of your team? For example, are the clients now in a position to take on more responsibility for this role?*
- *Are the team processes and team membership stable enough to ensure a sense of continuity for the clients?*
- *How effective are your meetings in reviewing the progress on the service plan? Do the meeting times and formats take into account linguistic and cultural factors that might promote or inhibit the active participation of clients and their friends and advocates? Is sufficient time provided for genuine discussion in the view of all team members?*

*Sidebar Quotes:*

*"We have been having ICM meetings for six years. We meet every four to six weeks and discuss and agree to action on whatever comes up. It is really for the whole family even though it started around my son. I have only missed one meeting. In a way the ICM team is a part of my family; they all fight for my son and I know I'm not alone in my frustration." - Client*

*"The case conference helps everyone to keep informed about what's going on and what they're supposed to be doing." - Service provider*

*"The best thing about the conferences is that they are bringing people together to work together and to talk together and to feel connected and committed to working together." - Service provider*

*We're working together, dealing with long term issues. You have a group of consistent people who don't give up. We keep chugging along." - Service provider*

### *Requiring Additional Assistance*

In the process of integrated case management, situations may arise in which team members need outside assistance. Team members may identify a need for services that none of the team members is able to provide, or they may have differences of opinion that call for conflict resolution or mediation.

For example, early in the planning, team members may feel they need additional information that requires a specialized assessment. There may also be needs, for instance, for special residential placements, consultation from specialists, or financial assistance. If the team is unable to access the identified services, they will need to know where to turn. The integrated case management plan should help the relevant organization to understand the client's needs, and the relationship of the requested service to existing supports.

On rare occasions, teams will arrive at a difference of opinion in regard to the best approach to take for a given client, and will be unable to resolve the differences using the problem solving and conflict resolution methods that are available to them. In these circumstances, they will need a resource to assist them in resolving the differences.

It is recommended that regions identify an existing structure, such as a child and youth committee or interagency committee, or create a new one, specifically to address these differences, as well as needs for specialized services, should they occur. It is important that, whatever structure is used, it has the capacity and authority to address either an extraordinary service need or a planning impasse.

TEXT BOXES/SIDEBARS:

*At this stage, ask yourself:*

- *Has the team identified available community resources to assist in accessing additional services and/or resolving differences of opinion as they arise?*
- *Do all team members agree on what should be done in case of conflict or differences of opinion?*
- *Do the team meetings unfold in an atmosphere of mutual respect and open dialogue, in which differences of opinion can be aired freely?*
- *Are there underlying issues (for example, power imbalances, differences in communication style due to factors such as gender, culture, education, and ability) that may threaten the team's capacity to resolve issues constructively?*

*Sidebar Quotes:*

*"ICM was able to identify some of these cracks for my son, and we were able to deal with it." - Client*

*"I'm also at the meetings to ask for services, for example, to get assessments from the school. I've been asking for that for years. After one of the meetings, I said to my social worker, "Now it's time, don't you think?" - Client*

*"And that's why this last conference was really good. I got more information. We got the names of people we can go to in order to put together an individual (computer) program for K. We're also going to be going to the learning centre for six weeks, so that it sets him up for school. But these things all came out at the case conference, and were talked over." - Client*

### *Transferring or Closing a File*

In integrated case management, transferring or closing a file is a deliberate activity that occurs with the consensus of all team members, and that forms part of the case record.

If clients move to a new community, the integrated case manager should make every effort to identify an integrated case manager in the new community and send him or her a copy of the integrated case management file. If a client is the integrated case manager, that person can bring the file to the new community. The office that has maintained the computer file on the clients should send a copy to the designated office in the new community. In addition, team members should assist the clients to make appropriate contacts in the new community.

### TEXT BOXES / SIDEBARS:

*At this stage, ask yourself:*

- *Has the team taken steps to ensure a proper sense of closure – for example, reflecting upon, celebrating, and documenting successes of the integrated case management process for the clients?*
- *Have adequate measures been taken to link the clients to supports in their new community, and to inform service providers in the new community of what the integrated case management process has accomplished in your community?*

## *Evaluation*

In order for the learning process of integrated case management to be complete, it is important that all team members evaluate the process they have shared, from their own perspectives. Clients have particularly important contributions to make in evaluating the effectiveness of the integrated case management plan.

The first question team members need to ask is, "Was the case plan implemented?" or, "Did we do what we said we would do?" This question allows the team to document whether or not the case plan was put into effect. If the answer is no, the effectiveness of the plan cannot really be evaluated, and the reasons for the lack of implementation success need to be examined and addressed.

If the answer is yes, the second question is, "Was the case plan effective?" or "Did we get what we wanted?" In considering the effectiveness of the plan, team members should refer to the goals and activities that were developed over the course of the plan's implementation. It is likely there will be differing viewpoints on the effectiveness of the plan—each of these should be documented, along with examples. If team members were successful in setting concrete and measurable outcomes, these will serve as indicators of the plan's success or failure. Both the measurable outcomes and each team member's perspectives on those outcomes allow the team to consider what worked and what didn't, and to use that knowledge to improve their future practice.

It will also be important for the team to make suggestions or comments, either about the way they conducted the process of integrated case management, or about the effectiveness of the process as it is described in this user's guide. These comments can help strengthen the understanding and practice of integrated case management—and help ensure that all clients have opportunities to grow and develop in healthy, supportive communities.

TEXT BOXES / SIDEBARS:

*At this stage, ask yourself:*

- *Do the clients understand the purpose of the evaluation, and the importance of their perspective on the effectiveness of the plan?*
- *Has the terminology of the evaluation been reviewed with the clients?*
- *In evaluating the plan, have team members taken the full range of factors into account? For example, will your team consider the plan's effectiveness in addressing cultural, linguistic and other factors for the clients? Will your team evaluate the effectiveness of the process of integrated case management as well as the results?*
- *Have you shared a copy of the evaluation with all team members?*
- *What has your team learned about integrated case management, and how might that affect the way you would engage in the process in the future? Have you taken the opportunity to share these what you have learned with clients, service providers, and policy-makers?*

*Sidebar Quotes:*

*"I don't think my son would be in school now without it. I don't know where we'd be. And R. has some self-esteem, he feels like he's in control. He's in a regular classroom and he has caught up on all his work. He has friends and activities outside of school. He knows he can get good marks and he's doing really well." - Client*

*"We've both quit drinking and we have support. We're learning how to parent. I am more self-confident and outspoken. Before I would just get mad and pop off; now I rationally think things through before I act." - Client*

*"And through the meetings, my ex-husband and I began to work together to support L. I could never talk to him before, but because everything was discussed at the meetings, and there was a plan, we could get together and make it work. That was one of the best things about ICM." - Client*

## SPECIAL CONSIDERATIONS

Integrated case management can be a very challenging process. This section of the user's guide discusses some of the most challenging areas that require particular attention.

### *Client Involvement*

The involvement of clients is an essential element of integrated case management. Clients' degree of involvement in the process may range from being informed of integrated case management activities undertaken on their behalf, to participation in case conferences and meetings, to coordinating their own case by serving as the integrated case manager. This section discusses factors to consider in determining the clients' level of involvement.

In the best of circumstances, case management is a natural part of day-to-day living. For example, parents, in their capacity as "case managers," plan a range of coordinated "services" to meet their children's typical and special needs, such as daily care and communication; regular visits to the doctor and dentist; participation in social and recreational activities; school attendance; adaptation of home or school environments to protect a child with allergies; or providing challenges for a child with unusual strengths. As children mature and acquire new skills, parents gradually transfer the responsibility for "case management" to their children. This process typically enables children to assume full responsibility for managing their own "case" upon reaching adulthood.

Most people are fortunate in having relatively few sources of severe stress in their lives and adequate sources of support in their homes and communities. These people, in managing their own lives or in parenting their children, informally engage in case management. Some people, however, have many sources of stress and few supportive resources. In these cases, government and community agencies may be called upon to provide assistance.

When seen in this light, it is clear why the involvement of clients is at the heart of integrated case management—clients are ***already*** involved. Where they may need assistance is in accessing and coordinating interventions and supports or in strengthening a process that has faltered or broken down. The integrated case management team should therefore support clients to be as fully involved as possible, including acting as the integrated case manager. In some situations, this may not be possible right away: clients may have very complex needs, may be experiencing extreme stress, or may not yet have the skills to assume this role.

In determining the level of involvement of clients, team members should consider a variety of factors in their lives and in the development of the integrated case management team. In general, the simpler the circumstances, and the more resilient the clients, the more likely they are to be satisfied and successful case managers.

For example, team members should consider:

Factors relating to children or youth:

- number of special needs
- complexity of needs
- duration of needs
- age of child or youth
- personal strengths of child or youth
- ability to understand the process
- willingness to engage in integrated case management
- relationship between the child or youth and family
- legal status
- cultural differences

Factors relating to single adults, parents or caregivers:

- existence of other stressors (e.g., unemployment, illness in caregiver or significant others, learning about and dealing with grief about a child's disability)
- previous experience
- personal strengths
- ability to understand the process
- willingness to engage in integrated case management
- support of extended family members and community
- cultural differences

Factors relating to the integrated case management team:

- number of people on the team
- previous experience of team members
- relationships of team members with child and family
- level of confidence in clients as integrated case manager
- level of trust among team members
- willingness to engage in integrated case management

Involving clients is most challenging when difficulties are significant and the strengths of the team are not yet developed. Some strategies that may promote the involvement of clients include:

- Involve clients from the earliest stages of decision-making.
- Encourage the clients to bring an advocate if they feel it would be helpful.
- Provide adequate time to respond to issues and concerns.
- Have one of the team members do some "briefing" and "debriefing" with clients before and after the meeting.

- Select as integrated case manager a person with whom the clients have an open and reasonably trusting relationship.
- Select as integrated case manager someone who respects and is respected by other team members.
- Keep the number of people at meetings to a minimum, while ensuring that everyone who needs to be at the table is present.
- Deal with some of the least contentious issues first.
- Keep the meeting focused on the case plan and the discussion practical and concrete.
- Gradually increase the involvement of clients as they are ready to take on more responsibility.
- Encourage clients to formulate agenda items and choose advocates and support persons.
- Provide funding for transportation and childcare to facilitate the participation of clients.
- Hold meetings in a location that is comfortable for the clients.
- Consider client work schedules and demands in planning time of meetings.

Everyone involved should remember that integrated case management is a learning situation—certainly for clients and often for other team members—and should be carried out in an environment that transforms mistakes into learning experiences. The practice of involving clients in team case management and as integrated case managers will enable them to acquire the skills, independence and confidence to manage their own circumstances.

### *Working with Aboriginal Youth and Families*

When working with Aboriginal clients, the need to respect and involve clients and their communities in decision-making to the greatest extent possible and to strengthen supports for families in their own communities takes on particular importance.

In its *Strategic Plan for Aboriginal Services*, the Ministry of Children and Family Development acknowledges the significant disruption in the lives of Aboriginal children, families and communities due to past provincial child welfare practices. The ministry is committed to engaging with the Aboriginal community to ensure that past practices no longer hinder the healthy development of Aboriginal children and families.

Integrated case management provides valuable opportunities to involve Aboriginal communities in planning for their children and families. These opportunities not only help to ensure that the clients retain their cultural heritage, but Aboriginal agencies are in the best position to know which federally funded services may be available for the clients.

When an Aboriginal person receives services from the ministry, it is important to include representatives from the Aboriginal community on the integrated case management team,

and to ensure the service plan will meet the clients' need for culturally responsive services—preferably services delivered by Aboriginal service agencies. In situations where Aboriginal clients are not able to assume full responsibility for their own case, the integrated case manager should, whenever possible, be a service provider from the Aboriginal community with whom the clients have an open, trusting relationship.

Not infrequently, a child or youth who is a client has moved to an urban centre, while the Aboriginal community is a rural or remote one, at some distance. This presents special challenges for their involvement. The clients and their communities may be able to advise about the best ways of involvement, including the use of teleconferencing and support from ministry staff who are located near the rural or remote community.

Of course, the client's own views and wishes need to be taken into account. If an Aboriginal person does not want members of an Aboriginal community on the integrated case management team, their wishes would take precedence.

Some suggestions that may prove useful are as follows:

- Involve the client's Aboriginal community from the earliest stage of decision-making.
- Encourage the client's Aboriginal community to take the lead in planning.
- Plan and provide services in ways that are sensitive to the clients' needs and cultural heritage.
- Establish an ongoing relationship with local Aboriginal communities and Aboriginal service providers, both at the level of individual service provider and local ministry office.

### *Working with a Diverse Population*

BC is home to a diverse population. Many of the suggestions that apply to working with Aboriginal families also apply when working with clients from other cultural backgrounds.

For example, the integrated case management team should include representation from the clients' cultural community (unless this is contrary to client wishes), and services planned and delivered by team members should be culturally responsive. If the client's English language skills are limited, the integrated case management team should include at least one representative who shares that person's first language. Otherwise, linguistic differences may act as a barrier to the full participation of a client, as well as to other team members' appreciation of the client's needs, skills and contributions.

Other factors that describe BC's diverse population, including the clients' abilities, health, gender, sexual orientation and/or religion, may require consideration in the development of an integrated case management team and an effective service plan. For example, if a client has low literacy skills, the integrated case management team should not rely solely on written methods of documentation. Similarly, if a client has a disability that could interfere with full participation on the team, the team should consider

adaptations that could enhance participation (for example, a sign language interpreter for a deaf client). In addition, team members should encourage clients to bring advocates to the integrated case management meetings if they feel it would be helpful.

### *Protecting the Privacy of Clients*

Clients and providers face unique challenges in protecting privacy in the integrated case management process. Clients may be hesitant to trust a group of unfamiliar service providers with very personal information. Service providers need to strike a fine balance between respecting the privacy of clients and sharing the information necessary to develop an effective and coordinated service plan.

Ideally, clients will be part of the integrated case management team, and will, therefore, know what information is being shared and will have given their informed consent to disclosing that information in the planning process. If there is some information that a client is uncomfortable about sharing, that should be clarified by the service provider with the client before attending a meeting.

Some situations may present challenges--for example, when clients with consenting authority do not wish to be a part of the integrated case management team, or when there are good reasons to believe their participation would be harmful to themselves. In these circumstances, service providers must clearly explain the importance and benefits of the signed consent to share information. The explanation should include:

- a discussion about integrated case management – its purpose, goals, activities and participants;
- benefits of integrated case management for parents and their children;
- who will have the information and what it will be used for; and
- an agreement to share the results of the Integrated Case Management activities with the clients.

In some rare and difficult cases, clients may refuse to give their consent to share information. Clients should understand that there may be some circumstances when personal information regarding themselves will be disclosed even in the absence of their consent, especially if the disclosure is necessary to ensure the health and safety of any individual, particularly a child. In these situations, service providers must use their best judgment and must consider what piece of legislation governs the disclosure of the information. The key pieces of legislation that must be considered are:

- the *Freedom of Information and Protection of Privacy Act*, particularly Sections 32, 33 and 34, which list the provisions under which personal information may be disclosed. Of special relevance are Sections 32(a and b), 33(b and c) and 34, which allow information to be shared if the purposes for which it is shared are consistent with the purposes for which it was obtained or compiled;

- the *Child, Family and Community Service Act*, particularly Sections 78 and 79, which also list provisions under which information may be disclosed, including if the disclosure is necessary to ensure the safety or well-being of a child, and if necessary for a family conference; and,
- in cases where a client is a young offender, or has a young offender history, the *Young Offenders Act*, which places restrictions on the disclosure of personal information obtained under this act. It is important to note that neither the young offender nor their parent can consent to the disclosure of their information under this act. The act does allow person information to be disclosed under limited and specific circumstances as defined in the legislation.

Concerns regarding the disclosure or sharing of personal information should first be examined through the appropriate program area. The ministry's Information and Records Services Branch or Youth Justice Services are also available for consultation regarding issues related to the disclosure of personal information.

The discussion above focuses on the rights of legal guardians to give permission for information sharing. In some cases, the child or youth may be able to give consent for the sharing of personal information. Section 76 of the *Child, Family and Community Service Act* addresses the right of access to records and the right to consent to the disclosure of personal information. Children and youth 12 years of age and older are able to exercise these rights on an independent basis.

Overall, service providers must keep the best interests of the client at the forefront when making decisions. If a client is at serious risk, it is usually more important to share information in order to provide the necessary services in a collaborative and integrated manner than to withhold private information in an effort to protect the person's privacy. Service planners should, however, take extraordinary care to share only the information necessary to develop a collaborative plan. The integrated case management team must also be prepared to inform clients of the information shared and the plan developed.

### *Sidebar Quotes:*

*"My needs are certainly met by ICM. It gives me a sense of support – that people in the community care about my family is the message I get. They want to know about the whole picture and how we are doing in life and they support us to be the best family that we can." - Client*

*"I was amazed at the competence and level of functioning of the client. I hadn't seen her before, but I would have had a wrong impression. Hearing her talk about all she had done, I had tremendous respect for her. And the social worker was seen as her ally and partner." - Service provider*

*"At first, I felt like a stranger in my son's life. Now I've got two or three people phoning me to make sure I know what's going on. It feels really good. It makes me feel important, to feel included." - Client*

*"What I saw and heard in that room was the amount of support that was there. I was sweating bullets – partly because of the number of people and because there were people there from my own reserve. But it was really incredible – positive." - Client*

*"And there were Native people educating the non-Native people about our ways of doing things." – Client*

# APPENDICES

## APPENDIX A
## Glossary

**Caregiver(s)** – person or persons responsible for the care of a child or youth.

**Case management** – the process of developing a plan to improve outcomes for children, youth and families.

**Case Manager** – person responsible for developing, implementing and monitoring a case plan. This activity may include finding appropriate services and assisting clients to access them.

**Integrated Case manager** (case coordinator) – the person who coordinates case management with the cooperation and support of other team members.

**Case plan** (care plan, service plan, service delivery plan) – a series of outcome, activity, and responsibility statements which, taken together, describe the set of approaches chosen to address the strengths and difficulties identified at the information-gathering stage.

**Goals** – a general statement of desired results to be achieved over an unspecified period of time.

**Integrated case management** – (team case management, teamwork approach, care planning, case coordination, case planning) – the application of a team approach to case management. Integrated case management is used when the child, youth or family has complex and longer-term needs requiring families and service providers to develop a single integrated service plan. This calls for joint decision-making, development, implementation and monitoring of the plan and clarification of the roles of all team members. If multiple service providers are involved with a single family, a process of integrated case management should begin.

**Integrated case management team** (care team, case team, core team, multi-disciplinary team) – the group of people responsible for developing, executing and monitoring a case plan.

**Integrated case plan** (integrated care plan, integrated service plan, integrated case management plan) – a case plan that coordinates the supports of all service providers.

**Integrated service delivery** – The coordination of a range or continuum of services in order to present a seamless service system for clients.

**Outcome –** a result which may be desirable or undesirable, intentional or unintentional. An outcome objective, or a "desired outcome," is a statement of results, phrased to

indicate the desired direction of change. Outcomes may be initial, intermediate or longer term. Outcomes for clients tend to be in terms of health, well being and status.

**Supports** (interventions, services, programs, treatment) – approaches or actions designed to meet stated outcomes and goals in the case plan to build on child, youth and family strengths and address areas of difficulty.

## APPENDIX B
## Integrated Case Management Teams

In addition to children, youth and families, case management teams may include representation from a variety of disciplines and services, as well as community members, depending on the needs of the child, youth or family. Below are a range of potential participants and a brief description of the specialized knowledge and experience they can contribute to the team.

- **Aboriginal School Liaison** – has knowledge of aboriginal education programs, community issues around educational programs

- **Advocate** – has knowledge of systems, community resources and family strengths.

- **Alcohol and Drug Counselor** – has knowledge of symptoms and effects of alcohol and drug use, therapeutic approaches, counseling. The Alcohol and Drug Counselor can refer into various components of the addictions system of care, for example into a residential treatment facility.

- **Audiologist** – has knowledge of hearing and of appropriate methods of diagnosis and treatment of hearing problems.

- **Band Representative** – has knowledge of family's cultural heritage and traditions as well as knowledge of the services available to the family. Could be a Chief, Councilor, Social Development Worker, etc.

- **Child and Youth Care Worker** – has knowledge of day-to-day activities; child or youth's relationships with peers; what activities, approaches the child or youth favours and are effective; behaviour management approaches; role modeling; socialization; advocacy; child and family development expertise.

- **ChildCare Provider** – has knowledge of child development; developmentally appropriate practice; child's relationships with peers and caregivers.

- **Child Protection Worker** – has knowledge of risk factors for children and youth who may be in need of protection, knowledge of available family supports, ability to remove child when identified as needing protection and no less disruptive measures are adequate to protect the child.

- **Community Mental Health Nurse** – has knowledge of psychotropic medications and side effects; knowledge of mental health problems and disorders; knowledge of therapeutic approaches.

- **Community Health Representative** - knowledge of strengths and weaknesses of family in providing healthy, supportive home environment; maintenance of health and hygiene in aboriginal communities.

- **Elder** – has knowledge of cultural practices, historical and community beliefs and values.

- **Extended family member** – has knowledge of family dynamics, strengths and potential support systems.

- **Family Counselor** – has knowledge of counseling approaches, family systems, family dynamics, family development.

- **First Nations Healer** – has knowledge of physical, spiritual and emotional health, First Nations culture.

- **Foster parent** – has knowledge of the child's functioning in the foster care environment, including relationships with peers, foster family members, and the community.

- **Nutritionist** – has knowledge of appropriate nutrition needs of children and adults, including special diets to address the needs of people with allergies and other food-related challenges.

- **Occupational Therapist** – has knowledge of activity analysis and promotion of independence in the areas of self-care, productivity (work, school) and leisure. Assists in the enhancement of community living skills, including pre-vocational and vocational skills, social skills, and appropriate behaviour. Has particular knowledge of visual motor function, sensory processing, and functional mobility.

- **Physical Therapist** – has knowledge of methods of development of gross motor function, posture and mobility; ability to develop, maintain or store physical function in daily living through physical or mechanical means (e.g., adapted equipment for seating and mobility**).**

- **Physician –** the family physician or general practitioner has knowledge of the historical and current health conditions and needs of the clients as well as treatments and treatment approaches, and is likely to have an on-going relationship with them.

- **Police Officer** – has knowledge of law enforcement, criminal investigation techniques and criminal activities.

- **Public Health Nurse** – has knowledge of strengths and weaknesses of family in providing healthy, supportive home environment; maintenance of health and hygiene.

- **Public Trustee Officer** – has knowledge of funds being held in trust for child and how to access financial benefits or pursue claims that may be available to child.

- **Psychiatrist** – has knowledge of mental health problems and disorders; care of the person, psychotropic medications and side effects; ability to prescribe medications; ability to commit a person to a mental health facility under the Mental Health Act.

- **Psychologist** – has knowledge of developmental processes, mental health problems and disorders, mental health needs, testing and test interpretation; therapeutic approaches, behavioral management approaches; provision of therapy, counseling and consultation.

- **School Counselor** – has knowledge of school supports and programs, individual students' concerns, counseling approaches, school culture and atmosphere.

- **Social Worker** – has knowledge of family and social history; family functioning, specific areas of social work (e.g., aboriginal band, addictions, adoption, community living services, guardianship, mental health, protection, school).

- **Speech Therapist** – has knowledge of normal and disordered speech and language of children and adults, and of appropriate therapies to improve speech and language production and reception.

- **Supported Child Care Consultant –** has knowledge of processes and resources to help families, child care providers and other service providers to find the best possible child care solutions for a child who requires extra support to participate in child care.

- **Teacher** – has knowledge of learning and achievement relative to other children and youth; knowledge of teaching approaches.

- **Teacher Specialist and other School Support Staff (e.g., Special Education, Learning Assistance, ESL)** – has specialized knowledge of learning and achievement, testing and test interpretation; specialized teaching approaches; development of individual educational plans.

- **Youth Probation Officer** – has knowledge of youth court and correctional systems for young offenders and youth in conflict with the law; and knowledge of enforcement of youth court orders.

## APPENDIX C

The Eight Domains of *Looking After Children*

When developing a coordinated case plan, Integrated Case Management teams are asked to use the eight domains that are used by *Looking After Children* in completing a comprehensive plan of care. The domains are listed here, along with the kinds of topics that may be considered, in order to help teams ensure some consistency in where these issues are addressed in the coordinated plans.

### Placement

- Shelter
- Food
- Clothing
- Description of type of placement
- Discharge planning
- Risks to self or other children in the home

### Health

- Speech
- Language
- Hearing
- Vision
- Height and Weight
- Immunizations
- Teeth
- On-going health conditions or disabilities
- Medications
- Recent Illnesses or accidents
- Eating habits
- Sleeping habits
- Exercise
- Hygiene
- Smoking
- Drinking
- Drug use
- Sexual activity
- Pregnancy

### Education (also Vocation and Recreation)

- School history
- Current educational program

- Special needs
- IEP
- Educational expectations
- Sports
- Hobbies/interests
- Work history
- Current employment
- Employment expectations

**Identity**

- Birth family
- Language
- Culture
- Spirituality/Religion
- Sense of Self

**Family and Social Relationships**

- Place to live
- Place for special events, holidays
- Number and range of caregivers
- Relationships with current caregivers
- Friends
- Romantic relationships
- Children

**Social Presentation**

- Hygiene as it relates to outward impressions
- Clothes
- Communication skills
- Job/program applications skills

**Emotional and Behavioural Development**

- Dominant emotions
- Range of emotions
- How emotions are managed
- Contact with mental health clinicians
- Behaviours that express emotions
- Criminal activity, charges
- Victim of criminal activity

**Self Care Skills**

- Making a home
- Using public utilities (phone, transit)
- Using public and private services (filling out forms, getting medical help)
- Managing money
- Managing time
- Understanding and managing the legal system

# APPENDIX D

# INTEGRATED CASE MANAGEMENT

# SUGGESTED FORMAT FOR DOCUMENTATION

**INTEGRATED CASE MANAGEMENT**
**GENERAL INFORMATION**

**NAME OF CHILD OR YOUTH:**_____

**BIRTHDATE:**_____**PHONE:**_____

**ADDRESS:**

**CASE MANAGER:**_____

**DATE INFORMATION COLLECTED:**_____

**SIGNIFICANT OTHERS (Please mark with * people this young person lives with):**

| NAME | AGE | RELATIONSHIP | ADDRESS IF NEEDED |
|---|---|---|---|
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**ALERT (Please indicate people this young person should NOT have contact with):**

| NAME | AGE | RELATIONSHIP |
|---|---|---|
| | | |
| | | |

**INTEGRATED CASE MANAGEMENT**
**CASE MANAGEMENT TEAM**

**NAME OF CHILD OR YOUTH:**_____

**CASE MANAGER:**_____

**DATE TEAM ESTABLISHED:**_____

| NAME | PHONE/FAX/EMAIL | AGENCY/ADDRESS |
|---|---|---|
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**INTEGRATED CASE MANAGEMENT**
**GATHERING INFORMATION**

**NAME OF CHILD OR YOUTH:**_____

**CASE MANAGER:**_____**DATE:**_____

**DATE OF NEXT MEETING:**_____

| FOCUS | STRENGTHS | CONCERNS |
|---|---|---|
| **PLACEMENT**<br><br>Primary Presenter:<br>_____ | | |
| **HEALTH**<br><br>Primary Presenter:<br>_____ | | |
| **EDUCATION**<br><br>Primary Presenter:<br>_____ | | |
| **IDENTITY**<br><br>Primary Presenter:<br>_____ | | |
| **FAMILY AND SOCIAL RELATIONSHIPS**<br>Primary Presenter:<br>_____ | | |
| **SOCIAL PRESENTATION**<br>Primary Presenter:<br>_____ | | |
| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**<br>Primary Presenter:<br>_____ | | |
| **SELF CARE SKILLS**<br><br>Primary Presenter:<br>_____ | | |

**INTEGRATED CASE MANAGEMENT**
**CASE PLAN**

**NAME OF CHILD OR YOUTH:**_____

**CASE MANAGER:**_____**DATE DEVELOPED:**_____

**DATE OF NEXT MEETING:**_____

| FOCUS | GOALS | ACTIONS | RESPONSI-BILITY | TIMELINE |
|---|---|---|---|---|
| **PLACEMENT** | | | | |
| **HEALTH** | | | | |
| **EDUCATION** | | | | |
| **IDENTITY** | | | | |
| **FAMILY AND SOCIAL RELATIONSHIPS** | | | | |
| **SOCIAL PRESENTATION** | | | | |
| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT** | | | | |
| **SELF CARE SKILLS** | | | | |

**INTEGRATED CASE MANAGEMENT**
**REVIEWING THE PLAN**

**NAME OF CHILD OR YOUTH:**_____

**CASE MANAGER:**_____**DATE DEVELOPED:**_____

**DATE OF NEXT MEETING:**_____

| FOCUS | STATUS OF GOALS | CHANGES TO PLAN |
|---|---|---|
| **PLACEMENT** | | |
| **HEALTH** | | |
| **EDUCATION** | | |
| **IDENTITY** | | |
| **FAMILY AND SOCIAL RELATIONSHIPS** | | |
| **SOCIAL PRESENTATION** | | |
| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT** | | |
| **SELF CARE SKILLS** | | |

**INTEGRATED CASE MANAGEMENT**
**REQUEST FOR ASSISTANCE**

**NAME OF CHILD OR YOUTH:**_____

**BIRTHDATE:**_____

**CASE MANAGER:**_____**DATE OF REQUEST:**_____

**ASSISTANCE REQUESTED OF:**_____

| FOCUS | REQUEST | ACTION |
|---|---|---|
| | | |

**INTEGRATED CASE MANAGEMENT**
**TRANSFER OR CLOSURE**

**NAME OF CHILD OR YOUTH:**_____

**BIRTHDATE:**_____

**CASE MANAGER:**_____**DATE:**_____

| **REASONS FOR TRANSFER OR CLOSURE** |
| --- |
| |

**CASE TRANSFERRED TO:**

**INTEGRATED CASE MANAGEMENT**
**EVALUATION**

**NAME OF CHILD OR YOUTH:**_____

**BIRTHDATE:**_____

**CASE MANAGER:**_____**DATE:**_____

**DATE TEAM ESTABLISHED:**_____

**DATE OF TRANSFER OR CLOSURE:**_____

| FOCUS | CASE PLAN IMPLEMENTED? | CASE PLAN EFFECTIVE? |
|---|---|---|
| PLACEMENT | | |
| HEALTH | | |
| EDUCATION | | |
| IDENTITY | | |
| FAMILY AND SOCIAL RELATIONSHIPS | | |
| SOCIAL PRESENTATION | | |
| EMOTIONAL AND BEHAVIOURAL DEVELOPMENT | | |
| SELF CARE SKILLS | | |

| SUGGESTIONS, RECOMMENDATIONS OR COMMENTS? |
|---|
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**INTEGRATED CASE MANAGEMENT**
**SAMPLE AGENDA FOR INITIAL MEETING**

1. INTRODUCTIONS
   - Current involvement of team members
   - Roles and Responsibilities (Case Manager, chair, recorder, etc.)

2. REVIEW PURPOSE OF TEAM

3. REVIEW OR ESTABLISH GROUNDRULES (Confidentiality, participation, etc.)

4. GATHER INFORMATION AND DEVELOP PLAN (This may take more than one meeting)

5. NEXT MEETING (Date, time, location)

## SAMPLE AGENDA FOR FOLLOW-UP MEETINGS

1. INTRODUCTIONS (If necessary)

2. PURPOSE OF TODAY'S MEETING

3. REVIEW PLAN AND MAKE REQUIRED ADJUSTMENTS

4. NEXT MEETING